

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____

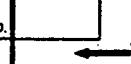
FILING DATE _____

APPLICANT(S) _____

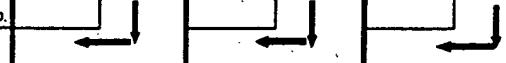
CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10		2				
11	1					
12	1					
13		3				
14		3				
15		3				
16		3				
17	1					
18		1				
19		3				
20		3				
21		3				
22	1					
23	1					
24		2				
25		2				
26		2				
27		2				
28	1					
29		3				
30		3				
31		3				
32		3				
33		2				
34		2				
35		2				
36		8				
37		8				
38		8				
39		8				
40		1				
41		1				
42		1				
43	1					
44		1				
45		1				
46		8				
47		8				
48	1					
49	1					
50	1					

TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS

TOTAL IND.	20			
TOTAL DEP.	104			
TOTAL CLAIMS	124			